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21186

7590

10/08/2003

SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.
P.O. BOX 2938
MINNEAPOLIS, MN 55402

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Chris Hammond	(Depositor's name)
Chris Hammond	(Signature)
November 7, 2003	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/965,555	09/27/2001	Michele J. Berry	884.548US1	3865

TITLE OF INVENTION: ENCAPSULATION OF PIN SOLDER FOR MAINTAINING ACCURACY IN PIN POSITION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$30	\$0	\$30	01/08/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
THAI, LUAN C	2827	438-612000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Schwegman, Lundberg,**
2 **Woessner & Kluth, P.A.**
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Intel Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Santa Clara, California

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 1

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 19-0743 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

7 November 2003

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Adjustment date: 11/12/2003 CHUYEN1
07/16/2003 RVUUNG2 00000002 09965555
02 FC:1501 -1300.00 OP

11/12/2003 CHUYEN1 00000186 09965555

01 FC:1501

02 FC:8001

1330.00 OP
3.00 OP